

TENNESSEE DEPARTMENT OF HEALTH OFFICE OF VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF DEATH

Date:		Number of Copies				
				Enclose \$7.0	0 for each copy.	
Full Name of Deceased: First		Middle			Last Name	
	·	Wildule				
Date of Death: Month	Day	Year	Sex:	Male or Female	Age at Death:	
Diago of Dooth	•					
Place of Death: City			County	/	State	
Name of Funeral Home:						
Location of Funeral Home:						
	City			County		State
Signature of Person Making F	Request:					
Relationship to the Deceased						
D						
Cause of Death is available on decedent's estate or qualifying issued form of identification who submitted.	family member.	If you request	cause	of death, please su	bmit a photocopy of a g	overnment
Do You Want the Certificate t	o Show Cause	of Death?	YES	□NO		
Telephone Number Where Yo	ou may be Reac	hed for Additio	onal Inf	ormation: ()	
IT IS UNLAWFUL TO WILI		NOWINGLY MA			MENT ON THIS APPLICA	ATION.
A fee of \$7.00 is charged for the this office. If the certificate is rebefore and the year after the da check or money order made pawrite or call Tennessee Vital Rec	not found with the te indicated; this yable to Tenness	e date of death search is routi see Vital Record	you prone and	ovide, a search will is included in the \$	be made in the records for the feet of the	or the year sh. Send a
PH-1663 (Rev. 03/05)					F	RDA S836.1
	FILL	OUT BELOW/	DO NC	OT DETACH		
PRINT name and address of pers	son to whom the	certified copy is	to be n	nailed.	SEND TO:	
Name					ssee Vital Records Avenue North	
Address or Route:				1 st floor	r, Central Services Build le, TN 37247	ding
City	State	Zip Code				